

CONGRESSMAN PHIL HARE 17TH District – Illinois

Application for Nomination to U.S. Service Academies

You will be considered for your first choice only, unless there are no nominations available this year for your first choice. Indicate order of preference by 1, 2, 3, 4:

MILITARY	_ NAVAL AIF	R FORCE	MERCHANT MARI	NES	
Please type or print the following info	rmation:				
Full Name (Last, First, Middle):					· .
Social Security Number:	-	_ Date of Birth	:/		
Address (in the 17 th District):		· · · · · · · · · · · · · · · · · · ·			
City:					
Mailing Address (if different):		-		, i	
Name of Parents:			, h		3
Home Phone:		Schoo	l Phone:		
High School Attended:			<u>-</u>		
Name of High School Counselor:					
Class Rank: out of	GPA		_ Graduation:		
Test Scores: ACT	SAT				
Name of College Attending:				GPA:	
High School or College Sports:					· · · · · · · · · · · · · · · · · · ·
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				·	
Other Extracurricular Activities:	7 W	2	,\.		* ·
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	* x		
Are you employed?	If so, how many hours p	per week?	2 0
Type of work:			
If your employment prohibits yo	ou from sports, explain your rea	ason for working?	jx *
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Have you requested a pre-cand	didate questionnaire from the ac	cademy in which you are interested? Yes	No
Do you have any health problem	ns or physical disabilities?	If yes, please be specific:	
pro-stantistic contract and state to the state of the sta	security and the security of t		
		2	
Do you require glasses or conta	acts for 20/20 vision? Yes	_No	
What is your refractive error?(Waivers for refractive error bey	prism diopters ond -5.5 prism diopters are son	netimes possible)	
List your high school courses fo	r the 7 th and 8 th semesters:		
COURSE TITLE		SEMESTER	
/			
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Please submit the following no later than November 1st to:

Honorable Phil Hare

Congressional Academy Board 2001 52nd Avenue, Suite #5 Moline, Illinois 61265

Checklist:

- The completed application form
- A letter from you telling us why you would like to be considered for one of the academies
- Your high school and college transcripts
- Your ACT and SAT exam scores (a photocopy from your school is permitted)
- Your photograph
- At least three letters of recommendation from friends, clergy or other adults who know you well
- Please attach additional information you feel would be helpful
- If you have any questions, please call my staff assistant, Scott Terry, at 1-800-322-6210 or 1-309-793-5760

Last updated: August 25, 2010